



Germain Dermatology Pathology Financial Policy

Pathology is ordered by our providers to properly diagnose certain skin disorders. In most cases, a sample (surgical biopsy) of the suspicious skin growth or rash is taken so that a microscopic examination of the sample can be performed, and a diagnosis can be made. The work associated with processing each biopsy, preparing slides, microscopically examining the slide, and issuing a report of the resulting diagnosis is known as surgical pathology. To increase the quality of care for our patients, we utilize a licensed lab to process these specimens.

Unless specified, **Germain Dermatology Lab** is the Pathology Lab that we will send your specimen to. If you are Self-Insured, or your insurance plan requires a copay, co-insurance, or deductible, for pathology fees, you will receive a separate statement from them directly. If the initial review of your biopsy indicates that further, more in-depth testing will be required to reach the correct diagnosis, additional charges may be billed to you or your insurance company by a [non-affiliated lab](#).

****If your insurance requires, or you prefer the use of a specific lab, it is your responsibility to provide us with that information prior to being seen. Failure to do so may result in additional out-of-pocket costs to you.**

The providers and staff at Germain Dermatology are devoted to your care and well-being. Thank you for your cooperation and understanding of our pathology financial policy.

I have received Germain Dermatology's Pathology Financial Policy. I understand that charges not covered by my insurance, as well as applicable co-payments and deductibles, are my responsibility. I authorize my insurance benefits be paid directly to Germain Dermatology Lab.

Germain Dermatology
612 Seacoast Parkway
Mount Pleasant, SC 29464
Phone: 843-881-4440 · Fax: 843-884-8540
www.germaindermatology.com

Financial Policy

Germain Dermatology is dedicated to you and your well-being. We promise to do our best to provide you with the highest possible care available. As a private practice, we are not subsidized by any government or private programs. We offer our service to you at a competitive price that is comparable to any other Dermatology practice in the area.

Payment is expected at the time of your visit. We will accept cash, check, or credit card. Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges from your insurance company.

YOUR MEDICAL INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. WE WILL FILE CLAIMS WITH YOUR INSURANCE COMPANY AS A COURTESY TO YOU, BUT YOU ARE RESPONSIBLE FOR ANY CHARGES THAT YOU HAVE INCURRED AS A PATIENT WITH GERMAIN DERMATOLOGY. YOU MUST PRESENT A CURRENT INSURANCE CARD AT EACH VISIT. IF YOU OR YOUR CHILDREN DO NOT PRESENT A CURRENT INSURANCE CARD, YOU WILL BE RESPONSIBLE FOR PAYMENT AT THE TIME OF YOUR VISIT.

If your account becomes delinquent and you have not established or met payment options with our billing office, your account will be turned over to a collection agency and we will ask you to seek your medical care from another medical office. If you have a credit of \$25.00 or less once your insurance claim has been processed you will be notified and it will remain on your account unless a refund is requested. Refunds are only given in the form of a check and will be mailed out upon request.

Insurance coverage will normally cover payment for some of the healthcare services we provide. Most insurance plans have co-pays, deductibles, or co-insurances that are paid by the patient.

For the plans that Germain Dermatology participates with, we will honor the amount allowed by your insurance company. We will file your claim with them for reimbursement of the charges associated with the services we provided, and we will write off the amount we have agreed to discount. If your plan has a copay/deductible/co-insurance, we are required by the agreement, to collect it at the time of service. We cannot pre-determine what your insurance carrier will/will not define as necessary care. We believe that should be determined by your physician. If, for whatever reason, the company does not pay for the services, please understand you will be responsible for the unpaid balance. You will receive a detailed statement including your insurance companies' response. Due to the delay in receiving payment for the services, and the cost of communicating with them and you, we would appreciate your timely response to any balance remaining. For your convenience, we accept all major credit cards. We are contracted with an outside collection agency to help collect outstanding, past due balances. If you have a returned check, you will be charged a \$30.00 billing fee. If your account is sent to collections, you will be charged an additional 33% of the original delinquent amount.

For patients that are presently without insurance coverage, we want you to know that both your physical and financial interests are considered as we treat your illness, however, we are primarily dedicated to treating that illness as effectively as we can. For us to remain efficient and viable, we ask that you pay for treatment at the time of service. Unfortunately, it is impossible to determine what the cost of the care will be prior to the date of service. We will do our best to inform you of what to expect along the way, but please understand that we do not have control over the cost of many of the elements involved in that care. We are contracted with an outside collection agency to help collect outstanding, past due balances. If you have a returned check, you will be charged a \$30.00 billing fee. If your account is sent to collections, you will be charged an additional 33% of the original delinquent amount.

We are devoted to your care and well-being. Thank you for your cooperation and understanding of our financial policy.